

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90110 020 \*\*\*158.75

0111336

|  |   |  |
|--|---|--|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

**DOCUMENT # 014843**

1. Corporation Name  
**WARREN WOOTEN FORD, INC.**



DO NOT WRITE IN THIS SPACE

|   |   |
|---|---|
| Principal Place of Business<br>1360 W KING ST<br>COCOA FL 32922 | Mailing Address<br>1360 W KING ST<br>COCOA FL 32922 |
|---|---|

|   |                                    |   |
|---|------------------------------------|---|
| 3. Date Incorporated or Qualified<br><b>12/18/1924</b>  | 4. FEI Number<br><b>59-0452670</b> | Applied For<br><input type="checkbox"/> Applied For<br><input checked="" type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>  | \$8.75 Additional Fee Required     |   |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   | \$5.00 May Be Added to Fees        |   |
| 8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                    |   |

|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. |
| 22 City & State                | 27 City & State        |
| 23 Zip                         | 28 Country             |
| 24                             | 29                     |
| 25                             | 30                     |

|  |  |
|--|--|
| 9. Name and Address of Current Registered Agent            |  |
| WOOTEN, FRANK D<br>1360 WEST KING STREET<br>COCOA FL 32922 |  |

|   |                          |
|---|--------------------------|
| 10. Name and Address of New Registered Agent          |                          |
| 81 Name   | <b>LAURA BAXLEY</b>      |
| 82 Street Address (P.O. Box Number is Not Acceptable) | <b>858 Yorktowne Dr.</b> |
| 83  | <b>?</b>                 |
| 84 City   | <b>Rockledge FL</b>      |
| 85 Zip Code   | <b>32955</b>             |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Laura Baxley* DATE 01/08/99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |   |
|----------------------------|---|
| TITLE                      | CEOD <input type="checkbox"/> DELETE            |
| NAME                       | CONGDON, JEFFREY D                              |
| STREET ADDRESS             | 1360 W KING ST                                  |
| CITY-ST-ZIP                | COCOA FL 32922                                  |
| TITLE                      | P <input type="checkbox"/> DELETE               |
| NAME                       | BAXLEY, LAURA                                   |
| STREET ADDRESS             | 858 YORKTOWNE DR                                |
| CITY-ST-ZIP                | ROCKLEDGE FL 32955                              |
| TITLE                      | SD <input type="checkbox"/> DELETE              |
| NAME                       | KATZIN, MICHAEL                                 |
| STREET ADDRESS             | 1360 W KING ST                                  |
| CITY-ST-ZIP                | COCOA FL 32922                                  |
| TITLE                      | DTAS <input checked="" type="checkbox"/> DELETE |
| NAME                       | NORWALK, DON                                    |
| STREET ADDRESS             | 1360 W KING ST                                  |
| CITY-ST-ZIP                | COCOA FL 32922                                  |
| TITLE                      | <input type="checkbox"/> DELETE                 |
| NAME                       |   |
| STREET ADDRESS             |   |
| CITY-ST-ZIP                |   |
| TITLE                      | <input type="checkbox"/> DELETE                 |
| NAME                       |   |
| STREET ADDRESS             |   |
| CITY-ST-ZIP                |   |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|---|---|
| 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME  |   |
| 1.3 STREET ADDRESS                                    |   |
| 1.4 CITY-ST-ZIP                                       |   |
| 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME  |   |
| 2.3 STREET ADDRESS                                    |   |
| 2.4 CITY-ST-ZIP                                       |   |
| 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME  |   |
| 3.3 STREET ADDRESS                                    |   |
| 3.4 CITY-ST-ZIP                                       |   |
| 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME  |   |
| 4.3 STREET ADDRESS                                    |   |
| 4.4 CITY-ST-ZIP                                       |   |
| 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME  |   |
| 5.3 STREET ADDRESS                                    |   |
| 5.4 CITY-ST-ZIP                                       |   |
| 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME  |   |
| 6.3 STREET ADDRESS                                    |   |
| 6.4 CITY-ST-ZIP                                       |   |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Laura Baxley* DATE 01/08/99  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)